

2007

Staying Healthy Guide

**A practical
Guide to health**

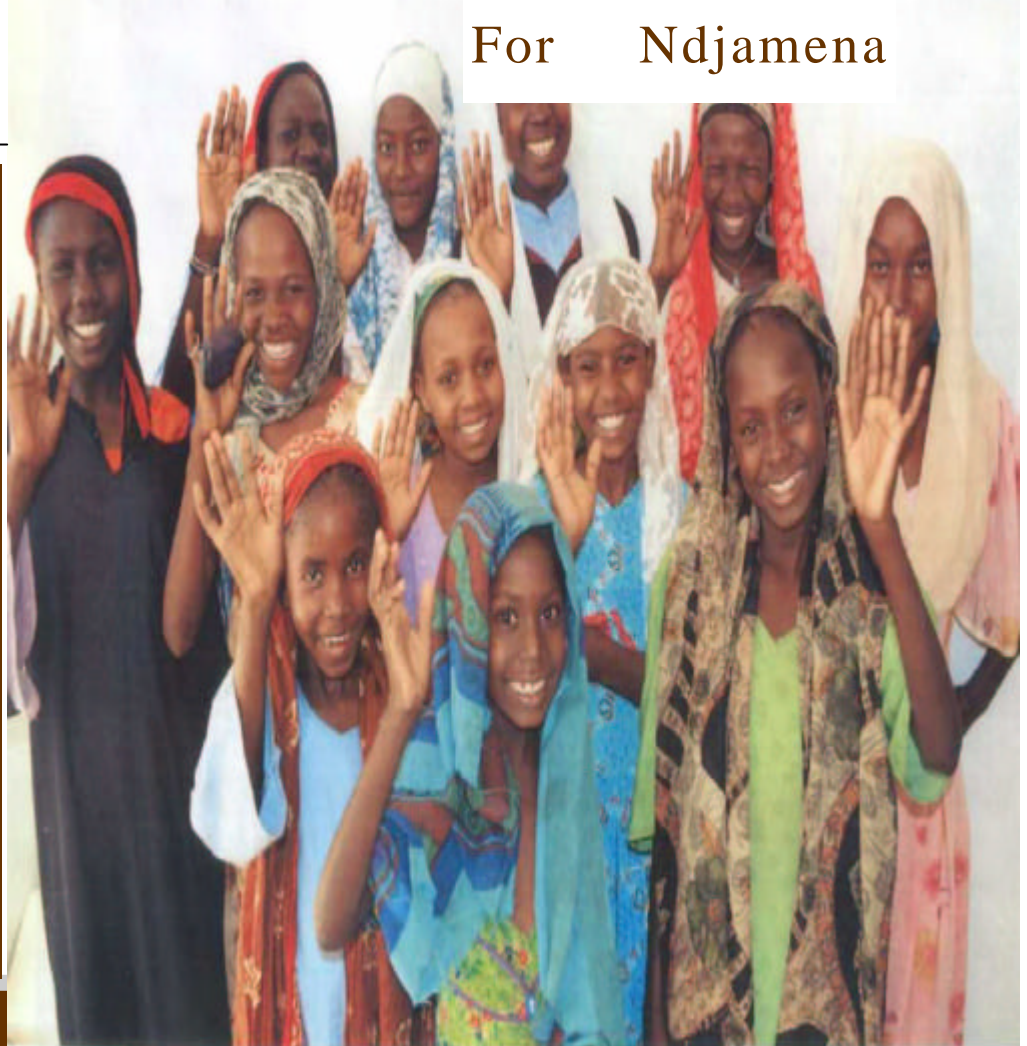
For Ndjamena

**Health Care
Issues in
N' dj amena**

**Department of
State Medical
Programs**

**Environmental
Hazards**

**Diseases in
Central Africa**



This is a picture of some of the local Ndjamena Children that the post supports with classes to improve their English language skills , they work in the area as a group vending locally grown peanuts, We refer to them fondly as the “Peanut Girls” .

Health Unit Staff

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Holly G. Strain, CNP FSHP

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Health Care in N'djamena

Emergency Contacts

Emergencies

Unfortunately emergencies happen at the most inconvenient times. If this happens when the Health Unit is closed, you may call:

Post One: Ext– 4299
Or by radio channel 1 call sign
“Keymaster”
During working hours:
Health unit extension 4399 or 4397

If this is a life-threatening emergency, call the FSHP on the cell 623-40-06 ...there is no ambulance but if transportation is needed let Post One pass this to the FSHP. In the absence of the FSHP, the Health Unit Nurse can be contacted by phone or radio for assistance and proceed to the embassy compound Health Unit.

Notify the medical officer after you have called the ambulance and s/he will meet you there to help coordinate your care.

Emergency Phone Numbers

251-70-09

Radio
Call sign

Dandy
Or
November

Location: Next to the Dispatchers Offices and directly across from the finance office.

Hours: HEALTH UNIT WORK TIME

WALKIN

Monday 9:30 – 11:30
Tuesday & Wednesday 7:30- 9:30
Thursday 9:30 – 11:30
Friday 7:30 – 9:30

APPOINTMENT

Monday & Wednesday afternoon. Emergency 24/7

Appointments are recommended for routine care.

Health Unit Staff

Emergency Phone

Numbers

*Cell
FSHP
623-40-06*

*Post 1
251-70-09
Ext
4299*

The best way to stay healthy is with frequent hand washing. We recommend.

Foreign Service Health Officer:

Holly G. Strain, CNP

Residence: ext 4274
Office: (235) 251-70-09 ext 4399
Cellular: 623-40-06
Call Sign: Dandy

Nurse:

Sebastien Nodjimbadem RN

Office: (235) 251-70-09 ext 4397
Cellular: 636-92-22
Call Sign: November

Lab Technician:

Nguelet Adaba Yokih

Cellular: (235) 637-62-32

Regional Medical Officer:

Stanley Bennett, MD

Office: Bamako Mali IVG- (467)-0000

Regional Psychiatrist

Conrad Schmitt, MD

Office: Frankfurt IVG 568-0000

Getting Acquainted

To provide you with the best medical care, the Health Unit needs accurate information about current and past medical treatment, allergies, medications, blood type, insurance, and emergency contacts. **DO NOT REMAIN A MEDICAL MYSTERY.** Make a point to visit us within the first week you are at post.

Local Medical Facilities

The medical care that you need may exceed the capabilities of the Health Unit. Second opinions or additional medical consultations may be obtained from the specialists in Ndjamen. The FSHP and Nurse has met with many of these physicians to evaluate the services provided, obtaining credentials whenever possible. However, the RMO and FSHP have seldom had the opportunity to work with these physicians, which severely limits the assessment, and cannot be held accountable for the recommendations or the treatment provided by physicians whose education and medical experiences are quite different from doctors trained in the U.S.

Basic dental services are available here. Some of the providers are often good, but are much more expensive than in the U.S. You may still want to go to the United States or Europe for complicated procedures.

X-rays, and ultrasounds are available here unless there is a shortage of supplies or mechanical difficulties, which occur frequently. CT scan and MRI technology are not available.

The Central Laboratory in N'djamena follows a similar quality control practices as laboratories in the U.S., but the Health Unit will offer reliable results for any required testing. There are some tests that the lab does not do, but with the assistance of our laboratory technician, these tests are sent to Washington weekly.

The Health Unit staff will assist you in making medical and dental appointments. You will need to bring cash with you to pay at the time of service. We are interested in your opinion about the health care that you received from the consultants. A list of Health Care Providers and Health Care Institutions is provided in Appendix A.

NOTES:

The best way to stay healthy is with a frequent hand wash
The best way to stay healthy is with a frequent hand wash
The best way to stay healthy is with a frequent hand wash

Hospitalization

The Health Care System in N'djamena is much different from what you are used to in the U.S. Please take extra precautions and be conscious of your safety at all times. Hospital de Reference and Hospital de la Liberte are two of the main Chadian hospitals in N'djamena that have emergency facilities for adults. If you are involved in an accident notify the Health Unit immediately and we will make arrangements for treatment of any injuries.

The Walking Blood Bank

The "Walking Blood Bank" is a record of the blood type of everyone at post. It is used to find type-specific blood donors for the sick and injured at the post. The list is used to notify those with the same blood type that there is a need for that blood type. Donation is voluntary. Once donors are found they are evaluated to certify that there are no problems that would preclude them donating blood at the time.

LES's and the Health Unit

Locally Employed Staff (LES) have limited access to the Health Unit. An LES with an on-the-job injury or exposure to illness can be evaluated initially in the Health Unit (HU) .

The pre-employment physical exams, chest x-rays, and other laboratory tests required of a potential employee are performed at clinic and reviewed by the Health Unit staff. Driver Fitness Evaluation examinations are also done at HU and reviewed by the Health Unit staff at regular intervals for those employees whose job requirements include driving a U.S.G.-owned vehicle.

FSN employees who develop contagious illnesses that are air-borne, such as tuberculosis, must obtain medical clearance prior to returning to work.

...in N'djamena

There are pharmacies in N'djamena, but their medication supply is limited and subject to shortages. The Health Unit will provide available medications in the event of an acute illness. These supplies are also limited.

All Mission personnel are reminded that they are responsible for the medications required for chronic conditions. In some cases, medications may be available in N'djamena and the Health Unit may attempt to access these resources in urgent cases.

Although some over-the-counter medications are available here, it is advisable to bring commonly used over-the-counter medications with you.

Prescriptions and Pouch Use

Personnel may use the diplomatic pouch for delivery of prescription medications to post. Many insurance companies have mail order prescription services available as well. The Health Unit advises personnel who require prescription and non-prescription medications for chronic medical conditions of the following:

Anticipate possible delays in delivery. **ORDER EARLY.**

Most prescription providers will limit the quantity of medication to a 90-day supply. The FSBP allows you to fill a prescription for one year if you are assigned overseas, which according to Merck Medco requires preauthorization. The RMO/FSHP will write the necessary prescriptions but you must initiate the request in a timely fashion.

A prescription may be pouched to the provider or in some cases faxed to a pharmacy in the U.S.

Addresses and phone numbers can be found in Appendix B. Attach a note to the prescription requesting that the medication package be labeled "Prescription Medication" and mailed to the following address: Your Name; 2410 N'Djamena Place; Dulles, VA 20189-2410.

**"Prescription
Medication"**

(Your Name)

**2410
N'djamena
Place
Dulles, VA**

20189-2410

Health Care

Not surprisingly, children over 21 years of age, parents, and other relatives are not eligible for Health Unit services or other Department of State medical services. These individuals should be reminded to bring a sufficient supply of their medications. They must receive vaccinations and obtain medical evacuation insurance in the U.S. before arrival.

Medevac Insurance

The *importance* of medical evacuation insurance cannot be overstated. The cost of medical evacuation can be staggering. The cost must cover a chartered plane, medical supplies, and a physician. The cost of the evacuation must be paid or guaranteed prior to the evacuation. The cost of the insurance is reasonable even without taking into consideration that it may save your life.

SOS Medevac has been used on a worldwide basis. Contact information:

SOS Worldwide Control Center- Philadelphia, PA.
International Phone-215-244-1500
U.S. Phone- 1-800-523-8930

The application for SOS medical evacuation insurance may be filled out on line. The web address is www.sosinternational.com. You may also find a list of insurance providers who sell medical evacuation insurance by searching the Internet.

Once in N'djamena, visitors must be prepared to pay for health care, including hospitalization at the time of service.

Medical Air Evacuation can cost over \$ 50,000.00 USD

*Your insurance
company contact
information:*

Name _____

Phone _____

Policy # _____

Notes: _____

Eligibility

U.S. Government direct hire employees of the U.S. agencies participating in the health services program (see list of agencies in the appendix) and their eligible family members have unrestricted access to the Health Unit. United States military personnel attached to the Embassy and their eligible family members have full access to the Health Unit medical services. U.S. Government employees on temporary duty in N'djamena and Personal Service Contractors hired in the U.S. are also eligible for services provided by the Health Unit.

Medical Clearances

Failure to obtain a medical clearance will result in forfeiture of medical benefits under the medical and health program (3FAM684.7-21). This regulation means that hospitalizations, immunizations, and medical evacuation may be denied to people without a medical clearance.

Medical clearance is enforced to protect the health of the individual. The Office of Medical Services can determine through the clearance process if the new assignment would cause unnecessary risks because of environmental hazards, such as high altitude or excessive dust, and if the services available will be adequate to treat the individual's chronic illnesses.

Medical clearances are required for all new employees and then every two years or tour of duty whichever is longer. Medical clearances may be initiated 6 months prior to your departure from post. Avoiding the peak season for the medical clearance examination will help expedite the clearance process.

Medical clearances may be done with a Medical Clearance Update (MCU) when there is at least one full exam documented in MED, or with a full physical examination. The MCU is condition-specific and the health promotion sheet allows for age-appropriate screenings. The complete medical exam may be done in overseas Health Units or at a local facility, if medically adequate as determined by the RMO, or in the U.S. If one is older than 6 years of age and lives within fifty miles of the exam clinic, this must be done in the exam clinic. If you live outside the Washington D.C. area, the physical exam may be done by a health care provider at any location.



Evacuation Notes:

Emergency Travel For Medical and Dental Problems

Emergency Travel for Medical and Dental Problems

All persons under the umbrella of the Department of State's Medical Program are eligible to travel at Government expense to the nearest facility where suitable medical care can be obtained. Medical travel is necessary when treatment for a medical or dental condition cannot be delayed until R&R or Home Leave and local medical facilities cannot provide adequate care (3FAM 686). Routine dental and medical care should be scheduled while on leave.

London is the designated medical evacuation site for Central Africa. If the individual wishes to go to the U.S., travel costs will be incurred on a cost construct basis. Any costs that exceed the cost of travel to the medical evacuation site is the responsibility of the employee. If the length of stay for medical treatment exceeds 4 days, medical evacuation to CONUS will be recommended.

Military personnel travel to Ramstein and Landstuhl, Germany, which are located 45 minutes from Frankfurt Airport. This is after approval from TRICARE Global Remote Overseas (TGRO) contractor SOS clinic in N'djamena. Contact the FSHP to coordinate this evaluation for both the active duty member and his family.

Obstetrical medical evacuees are encouraged to return to the United States for delivery. In addition to this evacuation, pregnant women may be evacuated at 9-11 weeks for chorionic villi sampling and at 14-18 weeks for amniotic fluid sampling if indicated. The ICASS standards note that coverage for a normal pregnancy in N'djamena is up to 34 weeks gestation.

Other conditions requiring medical evacuation to the U.S. are substance abuse and child or spousal abuse.

Dependents unable to remain at post can receive travel authorization to accompany the patient. An eligible family member (EFM) or the Medical Officer may be designated as attendant and authorized to accompany the patient. In most instances, commercial flights will be used for medical evacuation. If the patient is unstable or critically ill, the RMO may request a specially equipped plane, such as SOS. The military physicians at Ramstein will authorize military transport after consultation with the RMO.

Some medical and surgical conditions prevent immediate travel. If an individual has appendicitis, ectopic pregnancy, shock, heart attack, or other conditions, he or she may require local hospitalization and stabilization before medical travel is possible.

Keep your hands washed
Duty Roster

NAME

Emergency Phone

Numbers

POST 1

4299

Radio Call:

Paradise

Channel 1

The best way to stay healthy is with frequent hand washing

The RMO/FSHP will arrange **approval of medical or dental evacuation** and will schedule the needed appointments. The Office of Medical Services in Washington D.C. will confirm or deny medical travel. Fiscal data will be provided for Department of State employees and their eligible family members. Other agencies are responsible for providing the fiscal data for their employees and their eligible family members.

Requests for upgrade for travel will be evaluated by the RMO/FSHP and forwarded to the Office of Medical Services in Washington D.C. who will render the final decision.

U.S.G. agencies provide a guarantee of **hospitalization costs overseas (3 Fam 445.5)**. After the hospitalization, the individual must submit the hospital bill to his or her insurance company. When the insurance reimbursement is paid, it must be given to the U.S.G. U.S.G. agencies do not pay for outpatient physician or dental visits or for hospitalization in the U.S. Individuals must be prepared to pay outpatient costs at the time of service. It is also the responsibility of the patient or eligible family members to determine if their insurance requires preauthorization for medical treatment.

Per diem is granted for the days not traveling or in the hospital, up to 180 days. Per diem is also provided for an EFM authorized to travel with the individual for the same period. An authorized attendant receives 3 days of per diem. Mothers on obstetrical leave receive per diem and their newborns receive ½ of per diem until return to post (usually 6 weeks' postpartum) up to 180 days. Persons traveling for dental treatment are allowed a maximum of three days per diem for emergency dental treatment. Per diem is not authorized for personal travel such as R&R, home leave, separation from service, or personal travel. Under some circumstances individuals may wish to request separate maintenance allowance (SMA) for an EFM rather than per diem. The two are not granted simultaneously.

Persons who are **evacuated to the U.S.** for medical treatment must notify Foreign Programs in the Office of Medical Services at the time of arrival and at the end of treatment. **Telephone number: 202-663-1662 or Fax: 202-663-1661.** Medical clearance is forfeited when an individual is evacuated for medical reasons. Medical clearance must be reinstated prior to returning to post in order to participate in the Department of State's Medical Program.

The following medical clearances are issued:

Class I: Worldwide Availability.

Class II: Limited to posts that have adequate medical facilities to meet the individual's medical needs.

Class V: Limited to service within the U.S.

Employees may request that their medical clearance classification be reviewed. The Medical Director and three other physicians will clarify a final status. This decision is final unless the Director General overrides the decision because he deems that the additional risk and cost serves the interests of the U.S. Government.

PACKING LIST:

-

Hand Carried Items

Be sure you have the following in your possession before leaving post:

1. **Authorized travel orders** with fiscal data for travel and per diem.
2. **Passport** and **yellow Certificate of Immunization** for each traveler.
3. **Medical insurance card.**
4. **Pertinent medical records.**
5. **Power of attorney** for medical dependents:
 - a. Left at post
 - b. Who may need to request a cash advance on medical per diem.
6. **Credit card and sufficient funds** for payment of treatment.
7. **Airline tickets.**

To Do List

You must also:

1. **Notify your supervisor.**
2. **Notify MED/Foreign Programs** upon arrival in the U.S., during, and at the end of treatment.
3. **Obtain a physician's** statement confirming the resolution of the medical problem and forward it to MED/Foreign Programs in order for the medical clearance to be reinstated.
4. **Obtain a medical clearance** prior to your return to post.

The Office of Medical Services will need to speak to the hospital and the attending physician. It is helpful if a family member in the U.S. consents to the release of medical information to the attending physician/nurse/clinic/hospital and lets them know that a medical professional from the Department of State may be contacting them.

Internment or Death EVT-This is travel for the funeral of an immediate family member (parent, child, sibling). This type of EVT is post funded and does not require MED authorization. HR/ER only needs notification that the travel has occurred.

Incapacitated Parent EVT– This is travel for a parent that has a life-changing event and requires family participation to assist in placement and/or arrangement for long-term care. Contact HR/ER Washington on limitations and exceptions. This is funded centrally.

a. EVT in situations involving unusual personal hardship other than those provided for in 3 FAM 3746.1, 3746.2, and 3746.3 may be approved in exceptional circumstances on a case-by-case basis by the offices in paragraph c, below. Requests for approval of travel at Government expense in this category must detail the exceptional circumstances under which such a request is made and must include a statement by the employee certifying the nature of the circumstances and any available documentation relating to the circumstances of the request. The Chief of Mission or the Head of the employee's agency establishment at the post of assignment shall submit the employee's request to the appropriate office in paragraph c, below.

(1) The traveler would travel to attend funeral services of a person who has stood in the place of a parent or to visit a seriously ill or injured person who stands in the place of a parent (however, travel under 3 FAM 3744, paragraphs (1) and (2), is only available for two parents identified by the employee)

(2) The traveler is the sole surviving member of the family of a seriously ill, injured, or deceased person.

NAMES AND NUMBERS FOR CONTACT PEOPLE IN THE US:

[illegible]

**The Office of Medical Services
Needs the Following Information
to Authorize EVT:**

- _____ 1. Name and SSN of employee_____
- _____ 2. Name of post_____
- _____ 3. Name of traveler_____
- _____ 4. Name of ill relative and approximate age or date of birth_____
- _____ 5. Relationship to the traveler_____
- _____ 6. Name, phone number, and location of hospital_____
- _____ 7. Name and phone number of attending physician_____
- _____ 8. Name and phone number of an alternate contact person in the U.S._____
- _____ 9. Confirmation that a release of medical information has been requested from the treating facility and the attending health care provider._____

Abuse

Family advocacy policies have been created to protect the physical and mental well being of U.S. citizen employees and their spouses, children, and families stationed abroad. These policies (3 FAM 1810) are found in the Foreign Service Act of 1980 and the Child Abuse Act of 1990. The Deputy Chief of Mission is generally the Family Advocacy Officer. He or she works with the Regional Security Officer (RSO) and the Foreign Service Health Practitioner (FSHP) to make an initial assessment and promptly notify the Department of State in Washington D.C. as needed.

All U.S.G. employees are obligated to report incidents of suspected child abuse. Failure to report may be determined to be a criminal violation. Good faith reporting is immune from civil and criminal liability. Spousal abuse should also be reported to the Family Advocacy Officer.

Abuse is defined as physical or mental injury, sexual or labor exploitation or negligence. Negligence is the failure to provide adequate food, clothing, shelter or treatment of medical problems. This does not include discipline that is administered in a reasonable and moderate manner.

Concerns about inadequate parenting may also be raised with the Family Advocacy Officer. This term refers to failure to provide adequate education, health, nutrition, and supervision. Parents are responsible for the child's behavior in public. Young children should not be left with residential guards. A power of attorney should be left with those caring for your child. A power of attorney is needed for them to have the authority to permit emergency medical treatment for your child.

At the end of the investigation, the Family Advocacy Team at the Department of State may declare that there is no reason to believe that there is or has been domestic abuse or neglect. In situations in which further substantiation of allegations is necessary, medical evacuation of an individual or repatriation of the family may be requested. Cases may eventually be referred to the Office of the Attorney General for prosecution if warranted.

Emergency Phone Numbers

51-70-09

Or

Extension

4299

Prior to receiving any immunization please inform the Health Unit Nurse:

1. If you are pregnant.
2. If you have an allergy to eggs.
3. If you have had a prior adverse reaction to a vaccination.

Vaccinations

In addition to the standard childhood vaccinations, immunizations against Meningitis A/C/Y/W, Yellow Fever, Typhoid, Hepatitis A and B, Rabies, Tetanus and Diphtheria, and at least one Inactivated Polio injection after age 18 are recommended by the Office of Medical Services/Washington prior to coming to N'djamena. These immunizations are also available at the Health Unit.

Immunizations against Hepatitis A and B should be initiated in the United States prior to leaving for post. They require multiple doses. The subsequent doses may be administered at post. If these immunizations are started here, blood tests may be performed to see if an unrecognized infection with Hepatitis A or B has already created an immunity making the immunization unnecessary.

The Rabies immunization series is recommended for individuals living in remote areas who may come into contact with animals. It is often difficult to obtain rabies immune globulin in these areas. All that is required post-exposure to rabies is 2 additional injections of the rabies vaccine.

TB Surveillance

There is a growing number of persons in N'djamena with contagious TB. This is thought in part to be due to HIV/AIDS epidemic. Although the vast majority of the population in East Africa has been infected with TB, it is mostly people with a breakdown in their immune systems who develop the contagious disease.

TB is contagious when it infects the lungs and the ill person coughs into the air that others are breathing. It is advisable that persons with negative skin tests undergo annual skin testing to see if they have been exposed to TB infection.

Anyone who converts from a negative skin reaction to a positive reaction will be considered for treatment to prevent the development of the disease. Persons with a prior positive reaction can be monitored through a review of (body) systems to identify symptoms of a TB infection or in some cases a chest x-ray.

HIV Post-Exposure Program

HIV/AIDS has reached epidemic proportions in Africa. If an individual is exposed to HIV through consensual sex, rape, human bites, blood products, or needle sticks, it is recommended that he or she begin treatment with antiviral therapy. Immediate treatment with Post-Exposure Prophylaxis (PEP) can decrease the risk of HIV infection ten-fold. It is best that treatment be initiated within four hours but may be started up to five days after the incident. These antiviral medications can cause nausea so anti-nausea medications will also be given. The treatment will continue for 30 days.

All persons who have been exposed to HIV will be offered medical evacuation for consultation with an infectious disease/HIV specialist, further testing, and treatment. Repeat testing for HIV will be necessary up to 6 months after exposure.

The best way to stay healthy is With frequent hand washing!!!

Emergency
Phone Numbers

51-70-09

Or

4299

Alcohol and Drug Awareness Program

Alcoholism cannot be taken lightly. Excess alcohol consumption leads to intoxication, automobile accidents, falls, hallucinations, memory loss, seizures, hepatitis, pancreatitis, gastrointestinal bleeding, muscle wasting, nerve damage, dementia, and violence. It can also ruin careers and marriages.

In the U.S., alcohol accounts for about 100,000 deaths annually. Economic losses stemming from alcohol use exceeds 100 billion dollars yearly. Alcohol use can be categorized by how much alcohol one consumes. A moderate drinker consumes less than two drinks daily. An at-risk drinker has more than 14 drinks a week or more than 4 drinks per occasion. A problem drinker uses alcohol to excess and has problems at work or with relationships due to the alcohol. Persons dependent on alcohol develop severe physical or psychological distress when they cannot drink. Unfortunately, persons with an alcohol problem are usually the last ones to admit it. Admission is the first step toward rehabilitation.

Department of State Alcohol Program

The Department of State and other Government agencies administer the Alcohol and Drug Awareness Program (ADAP). ADAP is designed to offer career protection to individuals while providing rehabilitation. This voluntary program has stringent guidelines to maintain strict confidentiality.

Workplace supervisors play an important role, as they are in a position to detect and document declines in work performance. If during discussions of work performance the employee volunteers information regarding alcohol or drug abuse, the supervisor is obligated to keep the information absolutely confidential.

Medical officers adhere to strict confidentiality. Medical records regarding substance abuse are kept in separate files marked "Confidential Patient Information". Limited information may be released with patient consent for medical diagnosis and treatment, for purposes of obtaining Government benefits, to a patient's attorney, and for employment purposes. Information may be released without consent only in a medical emergency or if a court order is issued. Medical officers are specifically prevented from disclosing information to law enforcement agents.

The Medical officer arranges medical evacuation for substance abuse via MED CHANNEL cables, secure phone or fax. Individuals with substance abuse are medically evacuated to Washington D.C. where they will spend approximately 1 month. Before returning to work, the employees must renew their clearance. This requires significant progress toward complete rehabilitation.

When individuals successfully complete substance abuse rehabilitation, they should be able to return to their employment without loss of career opportunities. An exception to this may occur if the person is in a critical, sensitive position. A failure to achieve rehabilitation may result in termination of employment, since individuals with continued substance abuse problems cannot be expected to perform their work properly and may be a danger to the safety of others in the workplace.

**Twenty questions concerning whether
you have a problem with alcohol.
Answer YES or NO**

1. Are you drinking more now than last year?
2. Have you missed time from work because of drinking?
3. Have you tried to control your drinking by switching from one alcoholic beverage to another?
4. Do you ever drink alone?
5. Do you want a drink "the morning after"?
6. Have you ever had a "blackout" (loss of memory) during your drinking?
7. Has drinking caused problems in your home life?
8. Are you resentful if someone asks about your drinking?
9. Do you drink to escape worries or troubles?
10. Do you feel guilty or remorseful after drinking?
11. Have you had financial problems because of your drinking?
12. Do you envy people who drink without getting into trouble?
13. Do you drink to build up confidence?
14. Have you failed to keep the promises you have made to yourself about controlling or cutting down on your drinking?
15. Do you tend to get extra drinks at a party because you did not get enough?
16. Has drinking caused you to have difficulties sleeping?
17. Do you crave a drink at a definite time of day?
18. Do you ever take a drink to fortify yourself before facing an unpleasant situation?
19. Do you ever drink more at a party than you intended or expected?
20. Have you ever felt you could do more with your life if you did not drink?

If you answer yes to more than (3) three questions you have strong alcoholic tendencies.

Alcohol is already a problem for you or will become so.

Emergency Phone**Numbers**

4299

Or

51-70-09

The best way to stay healthy is with frequent hand washing. Just use warm water and soap.

1. Eliminate recurring crises. Find out why things went wrong. Learn to be proactive rather than reactive.
2. Leave home at home.
3. Take a time management course.
4. Make a to do list.
5. Handle each piece of paper once.
6. Conquer procrastination.
7. Clean up your work area.
8. Use one notebook for calls, to do lists, etc.
9. Work on an appointment system.
10. Schedule fixed blocks of time so you don't overbook yourself.
11. Develop a habit of finishing what you start.
12. Make your priority list visible to your manager. They can see your current commitments instead of just hearing about them.
13. Do one thing you hate each day. This helps cure procrastination and helps you through tough times.
14. Do it right the first time.
15. Make sure the first hour of the day is productive. It sets the pace for the rest of the day.
16. Schedule time to receive personal calls.
17. Utilize your high-energy time to accomplish difficult tasks.
18. Schedule meetings during your own time.
19. Eliminate one time waster, person or thing, each week.
20. Move paper from left to right.
21. Process tasks together.
22. Barter tasks.
23. Use assertive communication.
24. List items that can be completed in 5, 10, or 20-minute blocks. Complete one of these items when you have a small amount of time available. Estimate the time required to complete a task. Record this time next to each item on your to do list. You will be amazed at how much we overbook ourselves each day. It is not humanly possible to do 15 hours work in 8 hours.
25. Use waiting time for small jobs.
26. Leave a complete message when placing a call or don't leave a message at all if it is too complicated. You will be interrupted with the return call. Control your time by placing the call. Stay off HOLD.
27. Set mini deadlines for big projects.
28. Plan and distribute meeting agendas ahead of time.
29. Listen.
30. Learn to say no.

Environmental Hazards

Water

N'djamena has a water-testing program and Distillers have been installed in each home due to the need for safe water. The tap water in your homes and at work is not safe for consumption at this time, and we recommend that you avoid any use. The Health Unit does not recommend drinking tap water but it is safe for showering, washing your face, (not brushing your teeth) washing clothes and dishes but the rinsing of your dishes should be done with heated, safe water. Boiling water for three minutes is sufficient to kill all microbes. Water not treated in the above manner should be avoided at restaurants.

Remember that ice is water. Freezing does not kill giardia or amoeba. Hard liquor poured over ice cubes may not be enough to kill the organisms. When the ice melts, the parasites are reactivated, wreaking havoc in the consumer's gastrointestinal tract.

Distiller Maintenance classes are given by GSO, questions answered and unless the distiller is being maintained properly and random culture samples are taken your water can be in question....contact the HU for problems.

Extended use of iodine tablets to purify the water is not recommended

N'djamena has a very dry climate, which accentuates dehydration. Be sure to bring bottled or distilled water from home when traveling, swimming, playing tennis, or running.

Fruits and Vegetables

Assume that all uncooked fruits and vegetables are contaminated with amoeba and bacteria. It is advisable to first **wash the fruits and vegetables** with soap and tap water followed by a tap water rinse. This removes dirt and pesticides. Next the food items need to be **soaked for twenty minutes in a diluted bleach solution** that is made by adding a tablespoon of bleach to a gallon of water. The fruits and vegetables then must be **rinsed in potable water** (bottled, distilled).

Soaking fruits and vegetables in bleach kills bacteria but does not kill some parasites. Fruits that have an intact peel may be eaten after washing in soap and water and peeling them.

It is advisable to wash fruits and vegetables prior to putting them in the refrigerator to avoid eating unwashed food. These food-handling practices must also be observed at restaurants or illness may soon follow.

Unless you observe the food preparation at the restaurant, you cannot assume that uncooked vegetables and fruit are safe to eat. Remember if it isn't cooked or peeled, you shouldn't eat it.

Most pre-packaged dairy products sold in local markets come from Europe and have met safety regulations.

Check to make sure the labels are marked pasteurized.

Pasteurized products that have been handled and sorted in an appropriate manner are safe to eat and drink.

Your household help may have developed at least partial immunity to many of the intestinal infections but they can also get ill from contaminated food or water. Even if they are not ill, they should have an annual stool examination and receive treatment if indicated.

Meats, Poultry, Eggs and Dairy

Poultry and eggs can frequently carry salmonella and campylobacter. There are several strains of salmonella including the strain that causes typhoid fever. These bacteria cause fever, vomiting, diarrhea, and dehydration. Hands should be washed thoroughly with soap and water after handling any of these uncooked products, even unbroken eggs. There have been outbreaks of salmonella typhoid from the use of homemade mayonnaise, which contains eggs. Use only pasteurized bottled mayonnaise that can be purchased in supermarkets.

It is a good practice to always wash hands after handling meats and fish. These can carry parasites and bacterial infections. Poultry, meats and fish should be cooked thoroughly before consumption. **Eggs should be washed in the same manner as fruits and vegetables.**

The frozen fish bought locally should be inspected carefully, and if any signs of thawing and refreezing (ice collection around the fish) avoid buying from this vendor.

Domestic Help

The Health Unit recommends that household help have a chest x-ray to screen for tuberculosis and stool examinations for parasites and salmonella. Domestics should be advised not to come to work if they are ill, particularly if they have gastrointestinal illness, a cough, or open sores on their hands. If the cough is persistent, the domestic will need to be re-evaluated for TB. This should include a repeat chest x-ray.

The employer should review hygienic practices with the kitchen staff. The workday should begin with hand washing or perhaps showering. The cook should also wash hands after using the toilet, coughing, emptying the garbage, smoking, touching uncooked poultry, fish, meat, or eggs. Kitchen counters should be washed with a weak bleach solution daily. Cutting boards should be washed with the same type of solution after each use.

Sunscreen and Sunblock

N'djamena is approximately 10-15 degrees from the Equator. The sun is intense, quickly causing a burn and headache. Apply sunblock liberally 30 minutes prior to exposure. It is also important to apply the sunblock throughout the day to prevent sunburn. It is recommended that the sunblock have greater than 15 SPF and protect against both UVA and UVB rays. Some medications cause photosensitivity and will result in either a rash or worsening sunburn. Prevention of acute sun injury to the skin is essential to prevent long-term skin damage, including skin cancer.

Sunglasses are recommended. Exposure to sun can result in cataract formation later in life. A Ptergium is a benign growth on the cornea that results from excessive exposure to sand, sun, and wind. As one would expect, these are more common in hot, dry, and dusty climates.

Lack of sufficient time to acclimatize, increased physical activity may be responsible for the physical disturbances.

Symptoms can include drowsiness, dizziness, chilliness, nausea and vomiting, irritability, visual disturbances and insomnia.

The best way to stay healthy is With frequent hand wash!

Stress

Guidelines to help deal with stress:

- Be proactive. Don't continue as a victim of the situation. Do something to change it or make it better.
- Balance work, and play. If you plan to be working at the same job for a long time, you need to meet your physical and emotional needs.
- Resolve conflicts through communication. Whether at work or at home, if you don't talk about it and create understanding, you will remain isolated and burdened.
- Assess your expectations and goals. Are they reasonable and possible? Adapt them as needed.
- Maintain good health. This is essential in stress management. Take preventive medications such as anti-malarials when needed; treat illnesses promptly; maintain good nutrition; and exercise regularly.
- Be certain to get the amount of sleep that you need. Everyone handles stress better when rested.

Humans have experienced stress since the beginning of time. Evolution has cultivated the flight, fright, or fight response. Escapism continues to be a popular choice in the modern age, but it is not always an option. The cowering protective posture of fright is now overlaid with security systems, emergency drills, and communication systems. In modern life the counter-assault is an organizational plan of technological wizardry aimed at dispelling problems. Despite this sophistication our basic human responses have not changed.

With acute stress there is a sudden surge in adrenaline and corticosteroids, which heightens alertness, sharpens physical responses, and focuses attention. These abrupt changes have helped us survive and prevail. However, some of the other responses such as tremors, hyperventilation, palpitations, sweating, and insomnia may interfere annoyingly with our efforts.

Prolonged exposure to excessive stress is never beneficial. The acute stress mechanisms burn out. Adrenaline no longer surges and the chronically elevated steroid levels accelerate atherosclerosis, osteoporosis, and loss of memory cells. Lack of sleep, failure to attend to nutrition, exercise, and other needs combined with absence of down time, lead to a nose-dive in performance, poor judgment, irritability, emotional indifference, and chronic fatigue. Headaches, ulcers, colitis, attacks of asthma and eczema, major depression, and recurrent panic attacks force us to seek medical attention. These problems show us that we were under more stress than we were willing to admit and that we need to do something about it.

Situational stressors, such as moving to a new post or a new job, may suddenly unbalance us. We are jettisoned into conditions that may disrupt our normal patterns, tearing off the security blanket of the comfortably familiar that we have created. The flight, fright, or fight response churns within us.

In Central Africa there are plenty of possible stressors: fears about security, inability to understand the language, limited social outlets, lack of privacy, inescapable personality conflicts, and/or separation from family and friends. Often more important, however, are the stressors that are brought with the individual: unobtainable expectations, financial concerns, marital conflict, lack of self esteem, sense of isolation, inability to define limits and goals, and/or inability to talk with your supervisor.

So whose problem is all this stress? It's yours. You cannot simply continue with business as usual. The sense of threat, failure to comprehend, inability to cope, and uncertainty force us to stop, consider, and choose options. To continue under stress will probably lead to physical or emotional illness.

Atopic Dermatitis

Atopic dermatitis is a chronic itchy inflammation of the upper layers of skin that often develops in people who have hay fever or asthma or people who have family members with these conditions (Merck Manual, 1997).

The skin appears red and at times swollen similar to hives. These itch intensively and scratching the rash may lead to secondary bacterial infection. The skin may become "thickened" or lichenified in some areas. The body areas affected vary depending on age of the individual. Treatment includes soothing moisture gels and steroid ointment. Antibiotics are given if a secondary bacterial infection develops. Antihistamines are given to alleviate the itching.

Allergic Rhinitis

Also referred to as Hay Fever. Eighty percent of Americans have some degree of allergic rhinitis at some time. Symptoms include runny nose, stuffiness, and itchy red eyes. It is impossible to clear the air of dust and pollens but you can do some things to decrease the amount in the air you breathe.

- Keep the house as dust free as possible. (carpets are very difficult to keep, hard flooring is wiser for our area)
- Frequently clean air filters on any equipment such as an air purifier.
- Give away the pet cat or dog. (This is the really tough one.)

If these measures do not provide relief of symptoms, your health care provider may recommend that you take an antihistamine, decongestant, and/or use either a steroid or cromolyn nasal spray.

Scorpion and Animal precautions

Scorpions are reported to be a hazard for younger children in the northern areas of Chad, it has not been able to be controlled and the precautions if traveling to this area should be discussed with the health unit.

Many areas of N'djamena you will find animals wandering freely, this is areas that have close contact with the local population. The poultry can especially be suspicious.. Bird handling has recently been the cause of flu type epidemics. Increased hygiene practice if exposed and avoid contact if possible. Caution should be taken avoid any animal that is ill appearing or acting strangely, not all animals in our area are pets or have been cared for properly.

Allergies

Dependent on the allergy sufferer's triggers, their symptoms may improve or worsen in N'djamena. Unfortunately this is unpredictable.

The Water in Lake Chad is an attractive site but...let us be safe in our region.

Leisure Activities

Boating and Fishing is also a popular past time. Remember that this is a malarial area and proper precautions and malaria prophylaxis should be used. Also be mindful of the heat and humidity and drink plenty of water.

Avoid the fresh still water in the Lake Chad region. It is known to contain schistosomiasis, a parasite that cycles through fresh water snails and may infest the gastrointestinal tract, liver, and urinary tract. Both *Schistosomiasis Mansoni* and *Schistosomiasis Hematobium*, which infest the gastrointestinal tract and urinary tract respectively, are present throughout the Lake Chad area. Rapidly flowing water is probably safe.

Over use of Alcohol and over exposure to the sun can be a bad combination, both in moderation can be done with good judgment and planning.

Fluoride Supplements

The following doses are recommended by the Council on Dental Therapeutics.

<u>Age</u>	<u>Daily Dose (oral)</u>
6 to 36 months	0.25mg.
3-6 years	0.50mg.
6-16 years	1.00mg.

Recommend that you come by the Health Unit to get started today....

The distiller in your home removes fluorides and other minerals from the water. Fluoride helps reduce dental cavities. The Health Unit will provide both Fluoride infant drops and tablets for the older children.

N'djamena - Sub-Saharan Desert

Heat and Humidity

As you travel to the north or south in Chad the heat and humidity can be oppressive. N'djamena in the rainy season generally has more than 85% humidity. Humidity has a significant effect on the perceived temperature and on the body's ability to cool itself. A 90-degree day with 100% humidity feels like 130 degrees. Four common problems occurring in excessively hot environments are dehydration, heat cramps, heat exhaustion, and heat stroke, aka sunstroke.

Dehydration occurs when a person has not taken in sufficient fluids to replace fluid loss. Problems like diarrhea accelerate dehydration. You must have adequate fluid intake to stave off dehydration and heat exhaustion.

Heat cramps occur because of the loss of fluid and electrolytes (salts) during vigorous exercise. These cramps are a warning sign that the body needs fluid replacement. The individual should stop the exercise, drink fluids, and gently stretch the affected muscle.

Heat exhaustion is caused by a significant decrease in an individual's fluid volume. Vital organs cannot be perfused adequately. This fluid loss is usually due to excessive sweating in an attempt to cool the body. Other symptoms include dizziness, nausea, and exhaustion. The affected person should get to a cooler location, loosen tight clothing, sponge with a cool damp cloth, and drink fluids, preferably water, juice, or electrolyte solution. Avoid beverages containing alcohol or caffeine.

Heat stroke is a life threatening condition in which the body's internal thermostat malfunctions. This usually occurs while the individual has been performing prolonged vigorous exercise in extreme heat. Body temperatures may rise to 110 degrees. These extreme body temperatures may cause cardiac arrhythmia, confusion, coma, and seizures. Persons with heat stroke require rapid cooling and hospitalization.

Other problems associated with high humidity include skin infections and otitis externa, more commonly known as swimmer's ear.

1. **Fungal Infections:** Tinea is the most common dermatological fungus. It is common all over the body, but for the most part occurs on the feet and groin areas. In the tropics it can occur anywhere on the skin: back, chest, arms, and scalp. It often appears as a circle of slight pigmentary change either lighter or darker and is called tinea versicolor. It is easily treated with medications and good hygiene practices.
2. **Otitis Externa:** The ear canal may harbor excess moisture in humid weather. This is exacerbated by swimming, bathing, and the use of occlusive devices such as hearing aids, earplugs, and earphones. If there is an puncture in the skin of the canal, such as can occur with use of Q-tips, a bacterial infection can occur. The ear canal swells and becomes inflamed. It is very painful but is not accompanied by a fever or cold symptoms. Never place anything into the ear canal, even Q-tips. After swimming or bathing, instill acetic acid drops or a mixture of isopropyl alcohol and water; one part isopropyl alcohol to three parts water. Otitis Externa is successfully treated with antibiotic eardrops.

Diseases in Central Africa

In 1999, 5.6 million people worldwide became infected with HIV and another 2.6 died from AIDS. Half of the people who get HIV do so before age 25 and die before their 35th birthday. Ninety-five percent of this number live in the developing world. Seventy percent of that total lives in Sub-Saharan Africa. Heterosexual sex is the main mode of transmission in Africa. Other modes of transmission include blood transfusions, mother-to-infant transmission in utero and through breast-feeding, and intravenous drug use. (<http://www.avert.org/worldstatinfo.htm>) It should be noted that HIV/AIDS is not transmitted by aerosols (through the air), casual contact or insect bites.

Currently it is thought that the incidence of HIV in Chad is 10% to 12 %, which is lower than other African countries. There is a campaign to stop the spread of HIV and the local Christian Church recommends that both partners be tested for HIV before marriage. There is no treatment for HIV/AIDS currently in Chad.

Blood products and unprotected, high-risk sexual activity with persons of unknown status are the sources of danger to Mission personnel. The creation of the walking blood bank has decreased the risk of infection from blood and blood products. All blood and blood products will be screened for HIV and Hepatitis B. Sensible personal judgment is needed to avoid the risk from the latter. If exposure occurs, the Health Unit has post exposure prophylaxis available. It should be started within 4 hours of exposure.

Literature is available in the Health Unit in French, Arabic and English for HIV education and prevention.

In Sub-Saharan Africa the *Anopheles* mosquito, like a stealth syringe, quietly spreads malaria. It hides in dark corners, feeds predominately in the twilight of dawn and dusk. Its bite is not felt until it has eaten and departed. It is so inconspicuous until about 100 years ago, malaria was thought to be caused by bad air. Hence the name of the disease.

In the process of feeding, the female *Anopheles* mosquito can both inject and acquire the malaria parasite. Therefore there is a direct correlation between the number of people and mosquitoes that have the disease. The incidence of malaria in Sub-Saharan Africa has increased over the last few years by 5-7 times. Approximately one in 4 to 5 mosquitoes now carries malaria. DDT, the only cheap effective way to eliminate the mosquito, is not widely used because it cycles through the food chain and remains in the environment more than 100 years.

There are four types of malaria causing organisms that cause disease in humans: ***Plasmodium vivax***, ***Plasmodium falciparum***, ***Plasmodium ovali***, ***Plasmodium malariae***. (Jong, McMullen. The Travel & Tropical Medicine Manual. Second Edition. 1995 pp51-53). ***Plasmodium falciparum*** accounts for 85% of the malaria species in Sub-Saharan Africa. This type is called the malignant tertian form because it rapidly causes severe illness. While the other types of organisms affect 1-2% of a person's red blood cells, *Plasmodium falciparum* may affect up to 80% of the red blood cells. As it destroys these red blood cells, which are essential to the delivery of oxygen to the tissue, the victim drifts into coma and the kidneys shut down. Flu-like symptoms, headaches, muscle aches, shaking chills, and high fever herald malaria every third day.

Drugs used for malaria chemo prophylaxis do not prevent infection with the parasite, but they prevent the organism from multiplying in red blood cells. Currently, four medications are recommended for prophylaxis. Weekly mefloquine (larium) is highly effective. There is little resistance at this time to mefloquine. Side effects include insomnia and vivid dreams in about 12-13% of people. Serious side effects occur in 1 in 12,000 users. Mefloquine should be started a week before travel, continued during travel, and 4 weeks after travel

Doxycycline, an antibiotic that has been used for years to treat acne, is probably 100% effective if taken daily. Its chief side effect is heartburn and photosensitivity. The photosensitivity occurs approximately 2% of the time. Doxycycline cannot be given to pregnant women or in children under 9 years of age. Doxycycline must be taken daily beginning one to two days before travel, during the travel, and for 4 weeks after leaving the endemic area.

The statistics are grim—

Two to three million people die from malaria annually. Ninety percent of these deaths occur in Sub-Saharan Africa. Children account for 66% of these deaths. Many of these people do not have access to adequate medical care for proper diagnosis and treatment. Approximately 30,000 Americans and Europeans, who get malaria each year, get it in Sub-Saharan Africa. Unlike Asia and South America, malaria-carrying mosquitoes are found in African cities as well as the rural areas. Failure to take preventive medications against malaria is tantamount to inviting illness.

All malaria suppressants should be stored out of the reach of children in childproof containers that cannot be opened easily.

REMINDER

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Follow-up Prophylaxis
Plasmodium vivax and Plasmodium ovale are two species of parasite that can cause relapsing malaria. Although malaria infection is suppressed while taking anti-malarial medication such as mefloquine, doxycycline or chloroquine/paludrine, acute malaria can occur up to three years after stopping these medications. To prevent this, another medication called Primaquine is taken after final departure from a malarious area. Further instructions concerning this will be provided by the Health Unit at the time of your permanent departure from post.

Prevention

Malarone is also used for malaria prophylaxis. It is a combination of Atovaquone and Proguanil. Its side effects include nausea, vomiting, and headache. Prophylaxis with Malarone is once daily starting 1 to 2 days before entering an endemic area and is continued for 7 days after leaving the area.

Prevention of malaria is preferred to treating the illness once it develops. Malaria is a life-threatening illness and the medications for treatment have potentially grave adverse effects. Quinine sulfate causes diarrhea 27% of the time. Halfan cannot be used in pregnant women and can cause serious cardiac arrhythmias. Mefloquine must be used at much higher doses to treat malaria and can cause seizures and psychosis. Fansidar can cause lethal skin eruptions. Artesunate is not approved by the FDA. It is much simpler to prevent malaria than to treat it.

You need to use malaria prophylaxis in N'djamena and staying in doors at night is not going to keep you or your family safe from Malaria. We recommend for your entire period of time in Chad that you and all of your family members take prophylaxis medication. Also when you travel outside, don't forget the other preventive measures to avoid mosquitoes and have them avoid you. Mosquitoes dislike air-conditioners. Use air-conditioning in bedrooms of hotel when available. Wear long sleeve shirts and pants when going out in the evening. Use repellants with more than 17% DEET. These are highly effective for 4 to 6 hours. Clothing and camping equipment can be sprayed with permethrin if intense exposure is anticipated. Mosquito netting is a superb idea when sleeping anywhere with open windows. The insect repellant, permethrin, and mosquito netting is provided for your home by the GSO, but the repellants with DEET will be supplied on a limited basis....camping netting can be inquired about.

TUBERCULOSIS

Tuberculosis infection is widespread in Africa. Fortunately, in most people, with normal health and nutrition, the body effectively controls and confines the TB organism. Only about 10% of people infected develop the full-fledged illness during their lifetime. HIV infection increases the transition from infection to illness. HIV-positive individuals develop active TB at a rate of 6-8% per year. Because of the rising prevalence of AIDS in Africa, the number of people with contagious TB is expected to increase in all of Africa from less than 7,000 in 1997 to over 50,000 by 2005.

Eighty-five per cent of people ill from TB have pulmonary infections. These people are contagious. When they cough, the TB organism is sprayed into the air. Each of these individual has the potential to infect 10-20 other people. When the number of people with active TB lung infections increases as it has with HIV infections, the risk of exposure increases as well.

After becoming infected with the bacteria mycobacterium tuberculosis, it may take several years for an illness to develop. It is a very slow growing bacteria. In many people the body is able to “wall off” the bacteria. When the body is not able to contain the bacteria, tuberculosis destroys any tissue that it infects: lung, bone, gut, adrenal gland, and brain. Therefore, it is beneficial to start treatment early in the course of the disease. The Health Unit recommends annual skin testing for persons who have not had a prior positive reaction. If you once had a positive reaction, you will continue to have a positive reaction. Individuals who test positive do not need annual chest x-rays. According to current standards of care, they need a pre-employment chest x-ray and a repeat chest x-ray if they develop symptoms.

The TB skin test is called a PPD. If it has been negative and suddenly becomes positive, the person is considered to be a converter. That means that he/she has developed a TB infection but not necessarily the disease. Treatment is recommended for various populations that test positive based on age and risk assessment. If an individual develops active TB disease, treatment is a must.

Symptoms of TB are often vague initially and can be associated with many other diseases. They include fever, night sweats, weight loss, and cough with sputum production. Other symptoms depend on the site of the infection and may difficult to diagnose. Persons suspected of having TB should have a chest x-ray and sputum cultures.

Active TB requires treatment with at least four drugs for two months. This treatment is followed by a two-drug regimen for 4-7 months. This treatment is designed to reduce drug-resistant TB. An employee cannot return to work for at least two months into treatment, negative sputum specimens for three days in a row, and clinical improvement.

To reduce transmission of TB among employees, the Health Unit requires that all new employees have a chest x-ray.

This recommendation extends to domestic help as well.

TB skin tests are not done because the vast majority of people who grew up in Africa will test positive, though they are neither ill or contagious, unless they have pulmonary TB and are coughing.

THE DYSENTERIES

Ten tips to help avoid diarrhea. (Jong, McMullen. The Travel & Tropical Medicine Manual. Second Edition. 1995. p.69).

- Drink only purified water or bottled carbonated water.
- Eat foods that are thoroughly cooked and served piping hot.
- Eat fruits with thick skins that are peeled at the table by the traveler.
- Avoid salads made with raw vegetables, especially leafy green vegetables.
- Do not use ice cubes in beverages, even those containing alcohol.
- Only eat and drink dairy products made from pasteurized milk
- Avoid shellfish, and raw or undercooked seafood even if preserved or pickled with lemon or lime juice or vinegar.
- Do not buy or eat food sold by street vendors.
 - If canned beverages are cooled by submersion of the can in a bucket of ice water or in a stream, be sure to dry off the outside of the container before drinking the contents.
- Use purified water for brushing teeth and taking medications.

Traveler's Diarrhea is not necessarily a rite of passage, but it is quite common.

In addition to the tips on the left, you should also avoid picnics where the food is left sitting out. Even rice that has cooled can have spores of the bacteria *Bacillus cereus* that activate after sitting out for hours. These bacteria can cause acute food poisoning. Homemade mayonnaise is a notorious culture medium for salmonella bacteria, which also causes fever, diarrhea, and vomiting.

If you follow all the directions and still develop fulminate diarrhea, the most likely culprit is a bacterial infection. Currently Ciprofloxacin twice a day for three days is the recommended course of therapy for most bacteria. You may need rehydration with oral rehydration salts or intravenous fluids.

At times gastroenteritis is caused by a virus. The symptoms are the same, but the antibiotic doesn't help speed recovery. One to two weeks of diarrhea in children is often caused by a Rotavirus or Norwalk virus.

In Africa, chronic diarrhea, without fever or vomiting, is most often caused by an intestinal parasite. Leading the charge in the intestinal problems is amoeba. Amoebic infections may be subtle, simply causing more frequent stools or softer stools, or it may cause a raging bloody diarrhea. Most frightening is its ability to invade beyond the gastrointestinal tract, producing such problems as liver abscess.

Giardia lamblia is another common intestinal parasite infiltrating much of the region's water supply. An individual infected with *Giardia* may complain of "sulfur" burps, foul smelling flatulence, cramps, multiple pale loose stools daily, nausea, fatigue, and weight loss. If *Giardia* or amoeba are suspected as the cause of diarrhea, stool specimens will be collected for testing. In the presence of disease only 80% of the specimens will yield the ova and parasite, even with negative stools you may still receive treatment with Metronidazole or Tinidazole.

Treatment of all dysenteries should include plenty of fluids (juices, soups, Gatorade, rehydration fluids). During the recovery period avoid foods that are difficult to digest such as dairy products, oily foods, and meats. Simple foods such as bread, bananas, and rice are good starters.

You should seek medical attention at once if you have bloody diarrhea, high fever, more than 15 bowel movements in a 24 hour period, are very young or very old, have a chronic illness, or if the diarrhea persists more than one week.

HEPATITIS

Hepatitis literally means an inflammation of the liver. This can be caused by multiple mechanisms including excessive alcohol consumption, medications, metabolic and autoimmune diseases, and infectious agents. The viruses that cause Hepatitis are designated A, B, C, D, and E. There is evidence that other viruses that cause Hepatitis have not been identified as yet (Jong, McMullen. The Travel & Tropical Medicine Manual. Second Edition. 1995 pp. 235-237). For our purposes, Hepatitis A, B, C are the most likely to be contracted.

Hepatitis A is found throughout the world but it is more prevalent in areas that have inadequate sewage disposal facilities and contaminated water supplies. Hepatitis A is transmitted through the fecal-oral route. It can be acquired from consumption of contaminated water and food and can be transmitted from person to person. A vaccine is available that provides lifelong immunity. The series consists of two immunizations 6 months apart.

Hepatitis B is a more serious disease. Some individuals who contract Hepatitis B will develop a chronic infection that is not only contagious but can also lead to liver failure or hepatic cancer. It is primarily transmitted through activities that result in the exchange of blood or blood products and through sexual activity. High-risk behaviors for acquiring Hepatitis B include illicit use of injectable drugs, sexual intercourse with an individual who has Hepatitis B (sex with multiple partners increases this risk), acupuncture, and tattooing with non-sterile needles. All Foreign Service personnel and their families should be vaccinated against Hepatitis B. The series consists of three immunizations. The first two immunizations are given a month apart and the third immunization is given 5 months after the second immunization.

Individuals who contract Hepatitis C may also develop chronic disease and liver failure. Like Hepatitis B, it is spread through blood, blood products. Although the research is contradictory it is thought that it may be spread through sexual activity. At this time there is no vaccine to prevent Hepatitis C.

Emergency Phone Numbers

4299

Cell

51-70-09

Radio

Channel 1

The best way to stay healthy is with frequent hand washing like I recommend

Sexually Transmitted Diseases

Prevention of STDs is best accomplished by abstinence or a mutually monogamous relationship. If one is not able to follow these recommendations then proper use of latex condoms will dramatically reduce the risk. One must remember that there is still a risk of contracting STDs even when using condoms.

Sexually Transmitted Diseases (STDs) are caused by bacteria, viruses, protozoa, and insects. Gonorrhea, syphilis, chancroid, and chlamydia are caused by bacteria and can be treated with antibiotics if the disease is diagnosed. Viruses are responsible for Hepatitis B and C, HIV/AIDS, genital warts and genital herpes. Certain types of the Human Papilloma Virus have been linked to the majority of cervical cancers. Although there are treatments for the diseases caused by these viruses, there are no cures. Pubic lice may be successfully treated with a pediculicide. Trichomonas is caused by a protozoan. It generally responds to antiprotozoal/antibacterial agent such as metronidazole.

Sexually transmitted diseases may have far reaching effects. As noted previously Hepatitis B and C can develop into a chronic condition leading to liver failure and death. A pregnant woman with active lesions from genital herpes at the time of birth can cause a serious illness or death in her infant.

Syphilis during pregnancy can lead to premature birth, still birth, or the infant can also be born with Syphilis. There are 3 stages of Syphilis. It can be successfully treated in the first two stages. If it is not recognized and treated in the first two stages, the tertiary or late stage can result in crippling and death.

Untreated Gonorrhea during pregnancy can result in blindness in the newborn.

Chlamydia can result in infertility.

Individuals put themselves at risk for sexually transmitted diseases by participating in high-risk behavior. STD risk factors include the number of sexual exposures, number of different partners, and sex with prostitutes. AIDS is widespread in Africa. In some countries in Africa up to 40% of the adult population and 90% of the prostitutes are HIV positive.

Symptoms of STDs in men may include burning on urination, white or yellowish discharge from the penis, swelling in the groin, or blisters or sores on the penis. Women may have similar symptoms such as ulcers, blisters, or sores on the genitalia. They may also experience vaginal discharge, lower abdominal pain, and fever. Any of these symptoms should prompt the individual to seek medical care.

First Aid Kit

During your tour in N'djamena, you will likely travel in the country. Before you leave the Embassy compound be sure that you have an adequate first aid kit. Listed below are items that should be included in a first aid kit:

- **Tools**: Scissors strong enough to cut clothing, tweezers, pocket knife, penlight and/or flashlight, thermometer, and safety pins for slings.
- **Bandages**: Band-Aids, gauze pads, telfa or other non-adherent dressing material, roller bandages, adhesive tape, large squares of cloth to make a sling, eye patches, and latex gloves.
- **Topical Medications**: Sunscreen, lip balm, insect repellent, calamine lotion, 1% hydrocortisone cream (for allergic skin reactions), soap or antiseptic cleanser, sterile water or normal saline to flush wounds or eyes, and antibiotic ointment.
- **Oral medications**: Children's Tylenol, Ibuprofen, Aspirin, antihistamine/decongestant for fever or colds, Imodium, cough suppressant, anti-motion sickness medication or anti-emetic, oral rehydration salts or Gatorade packets and water, candy if hypoglycemia is a risk, malaria prophylaxis if going to an endemic area such as the Lowlands, and sufficient medication for any chronic illnesses you might have.

For official business, first aid kits have been prepared and are available in the Health Unit. Some kits are prepackaged and do not contain all of the suggested items, so you may want to supplement them.

Always wear seatbelts when in a motor vehicle and a helmet when you are on a motorcycle or bicycle.

Most importantly, learn CPR and First Aid. The Health Unit offers these classes several times a year so that everyone can be ready to save a life when an emergency occurs.

**If an accident is
imminent,
professional driver
Denise
McCluggage offers
the following tips:**

Always dodge to the right, away from the oncoming traffic.

Drive off the road rather than skid. Given the choice, head for the softest object.

Strike something going in the same direction rather than hitting something stationary.

Never hit anything head-on, make it a glancing blow.

Motor Vehicle Accidents

The number one cause of deaths in the Foreign Service still remains motor vehicle accidents. It does not take long to recognize the differences in driving practices here and in the U.S. There is also a difference in the availability of trauma care here and in the U.S. What can you do to protect yourself?

Buy a large vehicle equipped with air bags and side reinforcements to provide better protection in the event of an accident. Avoid sports utility vehicles which are susceptible to rollovers. These vehicles account for 70% of deaths in rollovers. Think twice about a motorcycle. The death rate for motorcycle drivers is 35 times that of automobile drivers.

ALWAYS WEAR A SEATBELT. The use of seatbelts unequivocally saves lives. Children should be properly restrained in car seats until they weigh 40 pounds. Children under the age of 13 should not ride in the front seat if there is a passenger-side air bag.

NEVER DRINK AND DRIVE. Alcohol use is associated with impaired driving skills, increased speed, and failure to use seatbelts. A blood alcohol level of 0.1gm/L increases the risk of death in an accident five-fold.

NEVER DRIVE WHEN EXCESSIVELY TIRED. Sleep deprivation impairs driving. Just 17 hours of sustained wakefulness may decrease performance as much as a blood alcohol level of 0.05gm/L. Under these conditions it is better not to drive.

DO NOT BE A DISTRACTED DRIVER. Do not adjust the tape deck, radio, CD player, or use a cell phone or radio while driving. Pull off the road if anything other than driving needs your attention.

SPEED KILLS. Drive cautiously, defensively, and unemotionally at moderate speeds to reduce the risk of accident, the severity of injury, and the risk of death.

N'djamena poses special risks for drivers. Roads, car maintenance, driver's education and lack of traffic lights all increase the risk. Undisciplined bicyclists are everywhere, often darting across lanes without warning. As noted previously, the emergency systems are not as timely or as sophisticated as those found in the U.S. If you are injured and conscious notify Post 1 as quickly as possible.

Exercise for long flights

Begin by spreading and curling your toes repeatedly 5 to 10 times. Then hold the feet up in a sustained position for 20 to 30 seconds. Repeat twice. Next rotate each foot in a circular motion. Then tap the foot against the carpet 10 times. Stand up and place your hands on the seat in front of you. Stand on your toes and stretch briefly. Then alternate standing on your heels and toes. Repeat 5 times. Walk in place for one minute. Relax. Suck in your stomach and pull in the buttocks in a sustained effort. Hold it for a count of 10, then relax. Repeat once.

Sit down. Stretch the upper back muscles by lifting your chest forward and arching the shoulders backwards. Sustain this movement briefly. Roll each shoulder backward repeatedly. Now press the shoulder against the seat while breathing in, and then relax the shoulders while exhaling. Repeat. Now try contracting the abdominal muscles while breathing in the same manner.

Reach overhead with the arms, stretching upwards, and breathing deeply. Repeat. Now lift first the right and then the left shoulder toward the respective ear. Repeat several times. Place the hands behind the head and press the head and neck backward against taut locked hands. Take three deep breaths. Now forcibly press the head against the seat and sustain the effort briefly. Relax. Rotate each shoulder backward in a circular motion for a few moments. Now stretch the neck muscles by laterally tilting the head to try to touch the ear to the shoulder. Hold the maximum stretch to one side for 20 seconds. Repeat the exercise on the opposite side. Relax. Now push the head back and try to push the shoulder blades together. Sustain the effort and then relax.

Stand up. Arch the back, pull in the abdominal muscles, and tighten the buttocks. Hold, then relax. Take four deep breaths and walk in place.

Sit down, squeeze the legs together, contracting the buttocks. Then relax. Now squeeze the legs together, lift them and rotate in small circular motion, first clockwise then counter-clockwise. Stop. Take a deep breath. Now circle each leg separately. Relax. Raise the arms overhead and circle them like branches blowing in the wind. Breathe and relax.

That's it. You may want to repeat this for very long flights. It is also helpful to get up and walk around the cabin from time to time.

Airlines aren't offering workout areas but there are a few things you can do to lessen the incidence of swollen legs, restless legs, aching backs, and other discomforts associated with long flights.

These exercises have been found to be effective. Most of them are isotonic exercises that can be performed while seated or standing at your seat.

Minimizing Jet Lag

1. Beginning three days before travel adjust your bedtime 1 hour a day, earlier if traveling east and later if traveling west.
2. Avoid naps on eastbound trips.
3. Exercise before, during, and after the flight.
4. Stay well hydrated.
5. If traveling more than three time zones, schedule a stop- over of at least one day.
6. Reset the circadian rhythm by exposure to bright light. Eastbound travelers should expose themselves to bright light for a few hours in the early morning while westward travelers should catch the afternoon sunlight.
7. Use of short-acting sedatives may be necessary but should not be used for more seven days.
8. Taking 3 mg Melatonin 1 hour before bedtime was effective in restoring sleep in one study. (The American Journal for Nurse Practitioners. Spring 2003, p. S9).

These strategies may also be useful in coping with insomnia.

1. Go to bed at the same time each night and awaken at the same time each morning.
2. Exercise regularly but not just before bedtime. Exercising in the afternoon promotes sleep at night.
3. Use the bed only for sleep and sex.
4. Start the process of sleep with a wind-down period.
5. Make sure the bed is comfortable, and the room is quiet, dark, and at a comfortable temperature.
6. Don't drink alcohol or caffeine in the evening. Caffeine is also found in some medications.
7. If you lie in bed more than half an hour and feel wide awake, get up and return to bed when you are sleepy.

P l e a s a n t D r e a m s
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# Appendix A

Local Health Care  
Providers and  
Facilities

**Note**  
**(W) = western**  
**Standards of**  
**practice and**  
**training similar**  
**to that in the US**

**(National)**  
**Chad Standards**

## CLINICS AND HOSPITALS

### GOVERNMENT HOSPITALS

### PRIVATE CLINICS

| Clinic/Hosp.           | Physicians | Standards  | X-ray/ US | Comments:                                                         |
|------------------------|------------|------------|-----------|-------------------------------------------------------------------|
| La Providence          | 4          | (National) | yes/yes   | Gen. Consultation                                                 |
| SOS Clinic             | 1          | (W)        | yes/no    | Well equipped, (basic)<br>Can Assist in crisis                    |
| Clinic Espoir          | 1          | (National) | no/no     | Pneumology                                                        |
| Clinic Gynecologique   | 1          | (National) | no/yes    | Gynecology                                                        |
| Clinique la Samaritain | 2          | (National) | no/no     | Podiatry (busy)                                                   |
| Clinic Emi-koussi      | 2          | (National) | no/no     | general consult.                                                  |
| Clinic Tetimian        | 2          | (National) | no/no     | general consult                                                   |
| CMS/AXA                | 2          | (W)        | no/no     | ERcan evacuate,<br>can assist in crisis,                          |
| Clinic Al Iladj        | 2          | (National) | no/no     | general consult                                                   |
| Europe Assistance      | 3          | (W)        | yes/no    | general consult<br>can assist in crisis                           |
| UN dispensary          | nurse      | (National) | no/no     | general consult<br>Ambulance, poor<br>can assist in crisis        |
| Hospital la Liberte    | Staff      | (National) | yes/yes   | general consult<br>and Specialist, Can<br>assist in crisis        |
| Hospital de reference  | Staff      | (National) | yes/yes   | general consult,<br>specialist can assist<br>in crisis, inpatient |

| Hospital | Physician | Standards | Xray/U/S | Comments: |
|----------|-----------|-----------|----------|-----------|
|----------|-----------|-----------|----------|-----------|

|                                                                |     |         |                                     |
|----------------------------------------------------------------|-----|---------|-------------------------------------|
| Hospital Epervier 7<br>General<br>Dental / Veterinary Medicine | (W) | yes/yes | Trauma support /Ortho/<br>surgery / |
|----------------------------------------------------------------|-----|---------|-------------------------------------|

Note: This is a clinic with a primary mission to support the French Army, secondary mission to treat citizens of France and Third to offer care to the local population on a “resources available” basis. We have had a good relationship with the medical teams that changes over every 4 months, but we understand that we fall into their third category, there is a general agreement to help each other always in a time of crisis. A consultation for urgent problems can be addressed from one medical provider to another, but it has also been suggested that a contact through diplomatic avenues be done

Dental Support.... Cabinet Dentaire—  
Dr Cyrille Keller  
French Trained Dentist with Western  
Standards, and a long standing reputation

Of treating most uncomplicated dental needs safely, he will during the year be unavailable for 3-4 weeks while on vacation. Dental evacuations will be coordinated through the FSHP.

| Activities                                   |           |
|----------------------------------------------|-----------|
| Prices(fr cfa)                               | USD       |
| Consultation<br>40000 fr cfa                 | \$80.00   |
| Cleaning<br>90000 fr cfa                     | \$180.00  |
| Xray<br>15000fr cfa                          | \$30.00   |
| Root canal 1 canal<br>70000fr cfa            | \$140.00  |
| 2 canals<br>90000fr cfa                      | \$180.00  |
| 3 canals<br>150000fr cfa                     | \$300.00  |
| Filling composite<br>70000fr cfa             | \$140.00  |
| 2 teeth<br>80000fr cfa                       | \$160.00  |
| 3 teeth<br>90000fr cfa                       | \$180.00  |
| 4 teeth<br>100000fr cfa                      | \$200.00  |
| Extraction<br>60000frcfa                     | \$120.00  |
| 2 tooth<br>100000fr cfa                      | \$200.00  |
| Crown ( Cerannic sur metal )<br>390000fr cfa | \$780.00  |
| Procena (Zincinicum)<br>620000fr cfa         | \$1240.00 |
| Tempory crown<br>70000fr cfa                 | \$140.00  |

## Pharmacies

### Mail Order Pharmacies:

Use Dependent on Insurance plan

|                                                                                  |                                         |
|----------------------------------------------------------------------------------|-----------------------------------------|
| Merck Health Solutions<br>Rx. Services<br>P.O. Box 1015<br>Summit, NJ 07902-1015 | Telephone: 973-560-6100<br>973-560-6122 |
|----------------------------------------------------------------------------------|-----------------------------------------|

|                                                                                         |                                         |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| National Pharmacy Inc.<br>Blue Cross of CA<br>P.O. Box 550<br>Pittsburgh, PA 15230-9424 | Telephone: 888-888-3784<br>800-262-7890 |
|-----------------------------------------------------------------------------------------|-----------------------------------------|

|                                                           |                                              |
|-----------------------------------------------------------|----------------------------------------------|
| GEHA Mail Service Prescription Drugs<br>Las Vegas, Nevada | Telephone: 800-258-2231<br>Fax: 888-327-9791 |
|-----------------------------------------------------------|----------------------------------------------|

|                                                                                                              |                                              |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| GEHA Mail Service Prescription Drugs<br>Attn: Melody Lewellen<br>P.O. Box 431<br>Independence, MI 64051-0431 | Telephone: 816-257-3316<br>Fax: 816-257-3233 |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------|

|                                                                                                       |                                         |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Mail Handlers Benefit Plan<br>Attn: Brenda Collins<br>P.O. Box 45118<br>Jacksonville, Fla. 32232-5118 | Telephone: 800-410-7778<br>904-519-7100 |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------|

### Washington Pharmacies that will accept overseas prescriptions:

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| CVS<br>2125 E Street, NW<br>Washington, D.C. 20037 | Telephone: 202-338-6337<br>Fax: 202-625-6621 |
|----------------------------------------------------|----------------------------------------------|

|                                                              |                                            |
|--------------------------------------------------------------|--------------------------------------------|
| Western Pharmacy<br>3001 P St., NW<br>Washington, D.C. 20007 | Telephone: 202-337-410<br>Fax: 202-337-412 |
|--------------------------------------------------------------|--------------------------------------------|

**Emergency**  
**Phone Numbers**

***POST 1***

***4299***

***Call Sign***

***Paradise***

# Appendix C

## Agencies Participating in the DOS Medical Program

**Reference: Concise Clearance Companion 2001 Manual (Attachment)**

**The following agencies participate by formal agreement in the Medical and Health**

**Program of the Department of State:**

African Development Foundation (AFD)  
 Agricultural Research Service (ARS)  
 Animal/Plant Health Inspection Service (APHIS)  
 Bureau of Alcohol, Tobacco and Firearms (ATF)  
 Bureau of Census (Lagos only)  
 Bureau of Reclamation (BUREC)  
 Centers for Disease Control (CDC)  
 Department of Agriculture Foreign Agricultural Service (FAS)  
 Department of Commerce  
 Department of Energy (DOE)  
 Department of Health and Human Service (HHS)  
 Department of Homeland Security  
 Department of Interior  
 Department of Justice  
 Department of State  
 Department of Transportation  
 Department of the Treasury  
 Department of Veterans Affairs (VA), Staff Employees Only  
 Drug Enforcement Administration (DEA)  
 Environmental Protection Agency (EPA)  
 Export Development (ED)  
 Federal Aviation Administration (FAA)  
 Federal Bureau of Investigation (FBI)  
 Federal Grain Inspection Service (FGIS)  
 Federal Highway Administration (FHA)  
 Foreign Commercial Service (FCS)  
 Immigration and Naturalization Service (INS), includes Pre-Clearance Personnel  
 Import Administration (IA)  
 Internal Revenue Service (IRS)  
 Inter-American Foundation (IAF)  
 The Library of Congress  
 National Aeronautics and Space Administration (NASA)  
 National Institutes of Health (NIH)  
 National Science Foundation (NSF)  
 Office of Human Development Services (OHDS)  
 Office of Information, Cooperation, and Development (OICD)  
 Office of the Inspector General (OIG)  
 Office of International Affairs (OIA)  
 Office of the U.S. Trade Representative (USTR)  
 Peace Corps (excludes volunteers)  
 Soil Conservation Service (SCS)  
 Social Security Administration (SSA)  
 U.S. Agency for International Development (USAID), including PASA  
 U.S. Customs (USC)  
 U.S. Geological Survey (USGS)  
 U.S. Maritime Administration (USMA)  
 U.S. Marshals Service (USMS)  
 U.S. Saudi Arabian Joint Commission for Economic Cooperation (JECOR)  
 U.S. Postal Service (USPS)  
 U.S. Secret Service (USSS)

**American**  
**Embassy Phone**

**Numbers:**

**Post 1**

**4299**

**Health Unit**

**4397**

**RSO**

**4215**